

BACKFLOW PREVENTION DEVICE INSPECTION AND MAINTENANCE REPORT FORM (Print Clearly)

Initial ☐
Annual (DCVA) ☐
Semi-annual (RPBP) ☐

Facility Name _____

Facility Owner/Responsible Party _____

Facility Address _____, MA _____

City/Town _____ Zip _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Contact Person _____

(_____) - _____ ext. _____

Phone # _____

Public Water System Name _____

PWS City/Town _____

PWS ID #: ____/____/____/____/____/____/____

Cross-connection ID# (Registration #): _____

Exact Location of cross-connection _____

Supplemental protection at meter required: ☐ Yes ☐ No

Is backflow device installed on a fire protection system?
☐ Yes ☐ No

Backflow device is installed: ☐ Vertically ☐ Horizontally

Device Type: ☐ RPBP ☐ DCVA

Make _____ Model _____

By-pass: ☐ Yes ☐ No

Valve Type: ☐ Ball ☐ NRS ☐ OS&Y


Material: ☐ Bronze ☐ Iron ☐ Stainless Steel

Size _____ Serial # _____

Backflow Device required by: ☐ State ☐ Local

☐ Butterfly ☐ Other _____

Secondary Supply or System _____

	Check Valve #1 (mark one)	Check Valve #2 (mark one)	Relief Valve (mark one)
Test Date ____/____/____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____ psid	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____ psid	Open at _____ psid <input type="checkbox"/> Closed Tight
No. 2 Shutoff Valve	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked		
Test Result	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL*		

I certified that the above test/inspection result is true. (Signatures required)

- **Backflow Device Test Conducted by:** (MA-DEP Certified Backflow Prevention Device Tester)

MA-DEP Cert. Tester Name (Print) _____

MA-DEP Cert. Tester ID# _____

Cert. Exp. Date ____/____/____

Signature _____
- **Backflow Device Test Witnessed by:** (Facility Owner/Representative)

Facility Owner/Representative Name (Print) _____

Signature _____

* If a backflow prevention device failed a test the following steps are required by the Massachusetts Drinking Water Regulations:

- The owner of the device must obtain the service of a Massachusetts licensed plumber or a Massachusetts licensed fire sprinkler fitter/contractor to perform the necessary repair within fourteen (14) calendar days of the failure test or from the discovery of the defect as required by the Massachusetts Drinking Water Regulations, 310 CMR 22.22(13)(b). The repaired device must be re-test by a Massachusetts certified backflow prevention device tester.
- A Backflow Prevention Device Repair Information & Re-test Report Form must be completed to report the repair(s) conducted and the re-test result.

P://OPS/Xconn/Inspection & Maintenance Frm. (Revised 02/25/2003)